

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

In the Matter of

Juan Johnson, Plaintiff

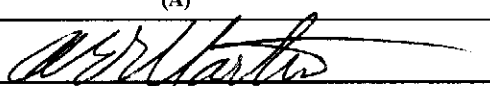
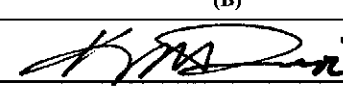
v.

Reynaldo Guevara and
CITY OF CHICAGO, DefendantsCase Number: 05 C 1042
JURY DEMANDJudge Grady
Magistrate Judge Mason

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY(S) FOR:

DEFENDANT REYNALDO GUEVARA

FILED
MAY - 5 2005
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

(A)	(B)
SIGNATURE 	SIGNATURE 
NAME ARLENE E. MARTIN	NAME KATHRYN DOI
FIRM CORPORATION COUNSEL'S OFFICE	FIRM CORPORATION COUNSEL'S OFFICE
STREET ADDRESS 30 N. LaSALLE ST., SUITE 1400	STREET ADDRESS 30 N. LaSALLE ST., SUITE 1400
CITY/STATE/ZIP CHICAGO, IL 60602	CITY/STATE/ZIP CHICAGO, IL 60602
TELEPHONE NUMBER (312) 744.6949	TELEPHONE NUMBER (312) 744.0742
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERS) 06189906	IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 06274825
MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(C)	(D)
SIGNATURE	SIGNATURE
NAME JOSEPH POLICK	NAME
FIRM CORPORATION COUNSEL'S OFFICE	FIRM
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TELEPHONE NUMBER (312) 742.0029	TELEPHONE NUMBER
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 06203682	IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)
MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>	MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>
TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>	TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>	DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE COMPLETE IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE.